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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
|--------------------------------------|--------------------------------------|---------------------------------------|---------------------|-----------------------|--|
| 09/941,884 | 08/28/2001 | Joan Manuel Garcia | 60003206-1 | 7849 ⁾ | |
| | 7590 07/07/2008 CKARD COMPANY | EXAMINER | | | |
| P O BOX 272400, 3404 E. HARMONY ROAD | | | NGUYEN, LAM S | | |
| | AL PROPERTY ADM NS, CO 80527-2400 | PROPERTY ADMINISTRATION CO 80527-2400 | | ART UNIT PAPER NUMBER | |
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

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| | | Application No. | Applicant(s) | | | | |
|---|--|-----------------|---------------|---|--|--|--|
| Response to Rule 312 Communication | | 09/941,884 | GARCIA ET AL. | | | | |
| | | Examiner | Art Unit | | | | |
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| The MAILING DATE of this communication appears on the cover sheet with the correspondence address | | | | | | | |
| The malento Date of this communication appears on the cover sheet with the correspondence address — | | | | | | | |
| | | | : | | | | |
| 1. ☑ The amendment filed on <u>30 June 2008</u> under 37 CFR 1.312 has been considered, and has been: | | | | | | | |
| a) 🔯 entered. | | | | | | | |
| b) 🔲 | entered as directed to matters of form not affecting the scope of the invention. | | | | | | |
| c) 🔲 | c) disapproved because the amendment was filed after the payment of the issue fee. | | | | | | |
| Any amendment filed after the date the issue fee is paid must be accompanied by a petition under 37 CFR 1.313(c)(1) | | | | | | | |
| | and the required fee to withdraw the applicatio | n from issue. | | | | | |
| d) 🗌 | disapproved. See explanation below. | | | | | | |
| e) 🔲 | entered in part. See explanation below. | | : | | | | |
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